

Financial Agreement

This Financial Agreement contains information that informs you about my financial policies and procedures. Please read this Financial Agreement carefully and ask any questions you may have. You will be asked to sign this agreement, indicating that you have read it, understand and agree to the policies and procedures outlined.

- Attendance at Appointments
 - If you are unable to keep a scheduled appointment, please notify by phone at least 24-hours in advance to avoid a \$50 no show/late cancellation charge.
 - Arriving more than 15 min late for any scheduled appointment will be considered the same as a no show/late cancellation and \$50 will be charged to the debit/credit card on file.
- Fees and Payment
 - The standard fee for a counseling session is \$100.00 per 50 minute session.
 - Payment for your portion is expected in full at the time of your session. Checks are made payable to: Amanda Percival. I also accept cash, Visa, MasterCard and Discover.
 - I am a contracted provider with several insurance companies. I will be happy to file claims to those insurance companies that I am contracted with. If you wish to file for out-of-network insurance benefits, your fee cannot be reduced and you must pay the standard fee of \$100. A receipt appropriate for submitting to your insurance company will be provided. You must pay for your session and have your insurance company reimbursement made directly to you.
 - I will review all past due accounts on a monthly basis. Clients who have balances on their account will be mailed a statement. If a client owes for two appointments, a third appointment will not be scheduled until the account balance is paid in full. In addition, if there is a return check or missed appointment charge on an account, payment is required prior to an appointment being scheduled.
 - There may be a charge based on the standard fee for the following: for any phone consultation over 10 minutes in length, for letters or forms requiring the therapist's time, for consultation time with an outside party or other professional provider.
 - A \$25 fee is charged for each returned check.
- Initial Appointment
 - During your initial appointment, you will be asked to put a valid debit/credit card number on file. This policy gives consent to charge you \$50 if you fail to give 24 hours advance notice when canceling an appointment or are more than 15 minutes late.
 - I will discuss with you how I handle emergency situations in regards to charging your debit/credit card.
- Agreement (please initial appropriate fee agreement)
_____ I agree to pay \$100 per counseling session.
_____ I agree to have my insurance billed for counseling sessions. I agree to pay my portion at time of service.

Signature of Client/Guardian

Date